

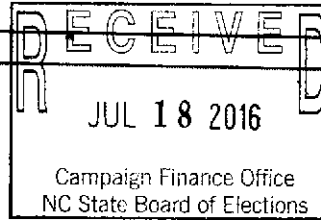
# Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Amendment

☐ Yes ☒ No

<b>a. Full Name</b> NCCPAC		<b>c. ID Number</b> STA-2Y1T94-C-001
<b>b. Mailing Address (include City, State and Zip Code)</b> 229 AIRPORT ROAD SUITE 7, #235 ARDEN, NC 28704		<b>d. Date Filed</b> 07/12/2016
		<b>e. Phone Number</b> (919) 297-8591



2016	03/01/2016	06/30/2016	JAMES M. SMITH
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<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund	<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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<b>a. Financial Institution Full Name</b> BB&T		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> PAC CONTRIBUTIONS AND EXPENDITURES	<b>c. Account Code</b> 001	<b>b. Purpose</b>	<b>c. Account Code</b>
<b>d. Period Begin Balance</b> \$		<b>d. Period Begin Balance</b> \$	

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

JAMES M. SMITH  
Printed Name of Signer

[Signature]  
Signature of Appointed Treasurer

07/12/2016  
Date

## FOR OFFICE USE ONLY

Date Received: <u>7-18-16</u>	Employee: <u>JES</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: <u>7-12-16</u>	Employee: <u>JES</u>	
Date Scanned: <u>7-19-16</u>	Employee: <u>JES</u>	
Date Data Entered: _____	Employee: _____	

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

☐ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
NCCPAC		2016 Second Quarter		STA-2Y1T94-C-001	
<b>Start of Election Cycle: January 1, 2016</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 5,752.82		\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 50.00	
6) Contributions from Individuals (CRO-1210)		\$ 16,800.00		\$ 16,800.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 16,850.00		\$ 16,850.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 8,608.90		\$ 8,608.90	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 41.48		\$ 82.96	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,650.38		\$ 8,691.86	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 13,952.44		\$ 8,158.14	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (or, if applicable)</b>				<b>2. ID Number</b>	
NCCPAC				STA-2Y1T94-C-001	
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add	001	Electric Funds Tran		03/05/2016	\$ 50.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>					\$ 50.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 50.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee and Candidate Information (Applicable)</b>						<b>2. ID Number</b>
NCCPAC						STA-2Y1T94-C-001
<input type="checkbox"/> <b>3. Contribution by Individual</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
ED BROYHILL 525 N HAWTHORNE ROAD WINSTON-SALEM, NC 27104				MANAGING PARTNER		
				<b>c. Employer's Name/Specific Field</b>		
				ANVIL VENTURE		
				<b>e. Election Sum to Date</b>		
				\$ 2,600.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	Electric Funds Tran		03/10/2016	\$ 2,600.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <b>4. Contribution by Business</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
TIMOTHY CLINKSCALES 3922 EDGEWOOD ROAD WILMINGTON, NC 28403				OWNER		
				<b>c. Employer's Name/Specific Field</b>		
				PARAMOUNTE ENGINEERING		
				<b>e. Election Sum to Date</b>		
				\$ 0.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	Check		03/01/2016	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/> <b>5. Contribution by Individual</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>	<b>d. Comments</b>	
ROBIN HAYES PO BOX 954 CONCORD, NC 28026				BUSINESS OWNER		
				<b>c. Employer's Name/Specific Field</b>		
				SELF-EMPLOYED		
				<b>e. Election Sum to Date</b>		
				\$ 0.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	001	Check		03/01/2016	\$ 2,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
						\$ 9,600.00
						\$ 16,800.00

# Contributions from Individuals

Pg 2 of 2

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Contribution From Individual (Contributor's Name)						2. ID Number	
NCCPAC						STA-2Y1T94-C-001	
3. Contribution Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BAKER MITCHELL 1112 SHELTER COVE PLACE WILMINGTON, NC 28405				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				SELF-EMPLOYED			
				e. Election Sum to Date			
				\$		0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		03/01/2016	\$ 2,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Contribution Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRYAN SHOEMAKER 722 DOBSON FARM ROAD STATESVILLE, NC 28625				ENERGY UNITED			
				c. Employer's Name/Specific Field			
				CONTROL ROOM SUPERVISOR			
				e. Election Sum to Date			
				\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Electric Funds Tran		03/08/2016	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contribution Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
J S VANDERWOUDE 510 MEADOWMONT VILLAGE CIRCLE CHAPEL HILL, NC 27517							
				c. Employer's Name/Specific Field			
				e. Election Sum to Date			
				\$		5,100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Electric Funds Tran		06/13/2016	\$ 5,100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
						\$ 7,200.00	
						\$ 16,800.00	

# Disbursements

Pg 1 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NCCPAC					STA-2YTT94-C-001	
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BOSWELL FOR NC HOUSE 1705 SUNSET AVENUE KILL DEVIL HILLS, NC 27948				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 250.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	D	03/17/2016	\$ 250.00		
				\$		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CITIZENS FOR DESTIN HALL 309 MAIN ST NW LENOIR, NC 28645				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 2,500.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	D	03/10/2016	\$ 2,500.00		
				\$		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CITIZENS FOR MARK VILLEE 2609 DOCKERY LANE RALEIGH, NC 27606				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 250.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	D	03/10/2016	\$ 250.00		
				\$		
					\$ 3,000.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 8,608.90	
<b>A* - Media      B* - Printing      C* - Fundraising      D - To Another Candidate</b> <b>E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses</b> <b>I - Postage      J - Penalties      K* - Office Expenses    Q* - Donation to Legal Expense Fund</b> <b>O* Other</b>						

# Disbursements

Pg 2 of 4

Amendment

☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NCCPAC	STA-2Y1194-C-001
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☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT CODY HENSON 501 OLD TOXAWAY ROAD BREVARD, NC 28712	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	D	03/08/2016	\$ 250.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT LARRY PITTMAN PO BOX 6311 CONCORD, NC 28027	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	D	03/04/2016	\$ 250.00	
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) COMMITTEE TO ELECT SCOTT STONE PO BOX 33185 CHARLOTTE, NC 28233	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 250.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	D	03/21/2016	\$ 250.00	
				\$	

	\$ 750.00
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$ 8,608.90

A\* - Media      B\* - Printing      C\* - Fundraising      D - To Another Candidate  
E - Salaries      F\* - Equipment      G - Political Party      H\* - Holding Public Office Expenses  
I - Postage      J - Penalties      K\* - Office Expenses      Q\* - Donation to Legal Expense Fund  
O\* Other

# Disbursements

Pg 3 of 4 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NCCPAC						STA-2Y1194-C-001
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) COVIL FOR NC HOUSE PO BOX 11182 WILMINGTON, NC 28404				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Sum to Date</b> \$ 250.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	D	03/14/2016	\$ 250.00		
				\$		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GENE B JOHNSON PO BOX 1288 ARDEN, NC 28704				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Sum to Date</b> \$ 1,500.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	O	06/15/2016	\$ 1,500.00	LEGAL FEES	
				\$		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JUSTIN BURR FOR NC HOUSE PO BOX 1966 ALBEMARLE, NC 28002				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				<b>e. Election Sum to Date</b> \$ 2,000.00		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>	
001	Check	D	03/08/2016	\$ 2,000.00		
				\$		
					\$ 3,750.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 8,608.90	
<b>A* - Media</b> <b>B* - Printing</b> <b>C* - Fundraising</b> <b>D - To Another Candidate</b> <b>E - Salaries</b> <b>F* - Equipment</b> <b>G - Political Party</b> <b>H* - Holding Public Office Expenses</b> <b>I - Postage</b> <b>J - Penalties</b> <b>K* - Office Expenses</b> <b>Q* - Donation to Legal Expense Fund</b> <b>O* Other</b>						



# Disbursements

Amendment  
Pg 4 of 4 ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

NCCPAC						STA-2YTT94-C-001																
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures																						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  KYLE HALL COMMITTEE PO BOX 2024 KING, NC 27021				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				<b>e. Election Sum to Date</b>  \$ 250.00																		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																	
001	Check	D	03/08/2016	\$ 250.00																		
				\$																		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  RALLY.ORG 995 MARKET STREET 2ND FLOOR SAN FRANCISCO, NC 94105				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				<b>e. Election Sum to Date</b>  \$ 617.10																		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																	
001	Electric Funds Tran	O	03/10/2016	\$ 205.70	ELECTRONIC FEE																	
001	Electric Funds Tran	O	06/13/2016	\$ 403.20	ELECTRONIC FEE																	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  SHOOK FOR HOUSE CAMPAIGN 42 BRANDI DRIVE TAYLORSVILLE, NC 28681				<b>b. Coordinated Committee Name</b>  		<b>d. Comments</b>  																
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:																		
				<b>e. Election Sum to Date</b>  \$ 250.00																		
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>																	
001	Check	D	03/04/2016	\$ 250.00																		
				\$																		
					\$ 1,108.90																	
					\$ 8,608.90																	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)																						
<table style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;">A* - Media</td> <td style="width: 25%;">B* - Printing</td> <td style="width: 25%;">C* - Fundraising</td> <td style="width: 25%;">D - To Another Candidate</td> </tr> <tr> <td>E - Salaries</td> <td>F* - Equipment</td> <td>G - Political Party</td> <td>H* - Holding Public Office Expenses</td> </tr> <tr> <td>I - Postage</td> <td>J - Penalties</td> <td>K* - Office Expenses</td> <td>Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td>O* Other</td> <td></td> <td></td> <td></td> </tr> </table>							A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other			
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I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund																			
O* Other																						

# Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

NCCPAC					STA-2Y1T94-C-001	
<input type="checkbox"/> Add	001	Electric Funds Tran	O	03/09/2016	\$ 29.03	BANKING FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Electric Funds Tran	O	03/01/2016	\$ 4.25	ELECTRONIC FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Electric Funds Tran	O	03/03/2016	\$ 8.20	ELECTRONIC FEE
<input type="checkbox"/> Remove						
					\$	41.48
					\$	41.48
<b>B* - Printing</b>						
<b>E - Salaries</b>		<b>G - Political Party</b>		<b>D - To Another Candidate</b>		
<b>O* - Other</b>		<b>J - Penalties</b>		<b>Q* - Donations to Legal Expense Fund</b>		
<b>* Codes require detailed explanation in required remarks field (g)</b>						

CRO-1315

NC State Board of Elections

December 2009

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

**CERTIFIED MAIL®**



7016 0910 0001 2707 5620



REGISTERED MAIL  
POST OFFICE

1000



27611

U.S. POSTAGE  
PAID  
SKYLAND, NC  
28776  
JUL 12, 18  
AMOUNT

**\$4.66**

R2304E105973-03